

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023728

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77 3016 271  
FILED JUL 8 1963

VS 300  
Rev. 4/59

1 0269

2 0661

3

4 0

5 1

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7 0

8 1

9 5400

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11

12 1-2

13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Eldon</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Still Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>203 West Newton</b>
3. NAME OF DECEASED (Type or print) First <b>Repps</b> Middle <b>Hudson</b> Last <b>Wilson</b>		4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/1/94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Core of Engineers</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>69</b>
11. BIRTHPLACE (City and state or country) <b>Norborne, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John C. Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Harbert</b>	
14. NAME OF HUSBAND OR WIFE <b>Nan Wilson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates) <b>yes WW I</b>	
16. SOCIAL SECURITY NO. <b>67</b>		17. INFORMANT <b>Nan Wilson</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Exsanguination</b> DUE TO (c) <b>Gastric Ulcer</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:00</b> a.m. p.m. Month, Day, Year <b>7/2/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Jefferson City</b>	
20g. COUNTY <b>Miller</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>7/2/63</b> to <b>7/5/63</b> and last saw him alive on <b>7/5/63</b> Death occurred at <b>7:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. C. Michael Sr.</b>		22b. ADDRESS <b>Jefferson City</b>	
22c. DATE SIGNED <b>7/5/63</b>		22d. SIGNATURE <b>Therese E. Richter</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7/6/63</b>	
23c. NAME OF CEMETERY OR CREMATORIUM <b>Eldon Cemetery</b>		23d. LOCATION (City, town, or county) <b>Eldon, Missouri</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6 July 1963</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK.  
OR  
TYPEWRITER RIBBON

JUL 18 1963

AUG 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkhart

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.